## ISave 529<sup>™</sup>



For overnight delivery or registered mail, send to:

## **Authorization to Access 529 Plan Accounts**

- Complete this form to designate a registered investment advisor or other financial consultant as your agent ("an Agent") with limited authority to obtain information regarding your account(s) in the ISave 529 plan.
- Please note: We're facilitating this access as a convenience to our customers. We haven't reviewed the qualifications or professional licensing of your agent or any advice your agent may provide.
- We'll use a third-party data service provider to assist your agent with accessing information regarding your account(s). This provider will be contractually obligated to protect the security and confidentiality of the data.
- Print clearly, preferably in capital letters and black ink.

Return this form to:

**ISave 529** 

Forms can be downloaded from our website at **ISave529.com**, or you can call us to order any form—or request assistance in completing this form—at **888-672-9116** on business days from 7 a.m - 8 p.m. Central Time.

**ISave 529** 

	Kansas City, MO 64121-9219	Kansas City, MO 64131
1.	Account Owner Information	
		Account Number(s) (List all that apply. To list more than three accounts, use a separate sheet.)
	Last Four Digits of Social Security Number, Individual Taxpayer ID Number or EIN	
	Name of Account Owner (first, middle initial, last) (Required)	
	Daytime Telephone Number	Evening Telephone Number



Date (mm-dd-yyyy)

Name of Agent (first, middle initial, last)		
		٦٢
Agent Firm Name (If applicable)		
Agent ID Number (if applicable)	Agent Branch Number	
		٦٢
Mailing Address		
		7.
City	State Zip Code	
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Telephone Number		
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Authorization and Indem		
Authorization and Indem  I, the Account Owner listed in \$	Section 1, appoint the Agent listed in Section 2, as my Agent for the limited purpose of o	
Authorization and Indem  I, the Account Owner listed in sinformation about my account a	<b>Section 1</b> , appoint the Agent listed in <b>Section 2</b> , as my Agent for the limited purpose of o and receiving duplicate account statements from the ISave 529 plan. The Agent identified	in
Authorization and Indem  I, the Account Owner listed in Sinformation about my account a Section 2 shall have no author	Section 1, appoint the Agent listed in Section 2, as my Agent for the limited purpose of o	in go
Authorization and Indem  I, the Account Owner listed in Sinformation about my account a Section 2 shall have no author sentence. I understand that, by and its affiliates, on behalf of the section 2 shall be sentenced.	<b>Section 1</b> , appoint the Agent listed in <b>Section 2</b> , as my Agent for the limited purpose of o and receiving duplicate account statements from the ISave 529 plan. The Agent identified rity to take any action with respect to my account except as specifically stated in the foregy signing this agent authorization form, I am authorizing Ascensus Broker Dealer Services, I the ISave 529 plan, to provide my Agent with information regarding my account and with d	in go Ind lup
Authorization and Indem  I, the Account Owner listed in Sinformation about my account a Section 2 shall have no author sentence. I understand that, by and its affiliates, on behalf of taccount statements. I agree to	<b>Section 1</b> , appoint the Agent listed in <b>Section 2</b> , as my Agent for the limited purpose of or and receiving duplicate account statements from the ISave 529 plan. The Agent identified rity to take any action with respect to my account except as specifically stated in the foregon yields signing this agent authorization form, I am authorizing Ascensus Broker Dealer Services, I have 1529 plan, to provide my Agent with information regarding my account and with dishold harmless the ISave 529 plan, the State of Iowa, Ascensus Broker Dealer Services, Inc.	in go Ind lup c.,
Authorization and Indem  I, the Account Owner listed in Sinformation about my account a Section 2 shall have no author sentence. I understand that, by and its affiliates, on behalf of taccount statements. I agree to	<b>Section 1</b> , appoint the Agent listed in <b>Section 2</b> , as my Agent for the limited purpose of o and receiving duplicate account statements from the ISave 529 plan. The Agent identified rity to take any action with respect to my account except as specifically stated in the foregy signing this agent authorization form, I am authorizing Ascensus Broker Dealer Services, I the ISave 529 plan, to provide my Agent with information regarding my account and with d	in go Ind lup c.,

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Signature of Account Owner